

STATE OF SOUTH CAROLINA  
*State Budget and Control Board*  
OFFICE OF HUMAN RESOURCES

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SAMUEL L. WILKINS  
DIRECTOR

**MEMORANDUM**

TO: Agency Directors and Human Resource Directors of All Agencies, Departments, Institutions, and Commissions

FROM: Samuel L. Wilkins

DATE: January 28, 2004

TOPIC: Coordinating Sick and Annual Leave with Workers' Compensation Payments

Each year our office distributes the chart to be used in coordinating sick and annual leave with the disability benefit under Workers' Compensation. The revised chart for 2004 includes the new Workers' Compensation maximum disability benefit, which increased from \$563.55 to \$577.73 per week. This new chart is effective as of January 1, 2004.

Section 8-11-145 of the S.C. Code of Laws provides that, in the event of an accidental injury arising out of and in the course of employment with the State, a disabled employee shall make an election to receive compensation under one of the following methods:

To be placed on paid leave status, using accrued sick and/or annual leave (when such leave credits are exhausted before the employee can return to work, the employee shall be entitled to Workers' Compensation disability benefits at the time the specified amount of leave is exhausted),

To use Workers' Compensation benefits awarded in accordance with Title 42 of the 1976 Code (under this method the employee would receive the disability benefit equal to 66 2/3% of the employee's gross weekly pay, not to exceed the current rate of \$577.73 per week), or

To receive sick and/or annual leave on a prorated basis in conjunction with Workers' Compensation according to the attached formula approved by the Budget and Control Board.

Regardless of which method of disability compensation an employee elects, he or she would continue to be eligible for payment of medical costs provided by Workers' Compensation.

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Before the election is made, the effect of the option on the employee's further leave must be explained to him by his employer. The election must be in writing and signed by the employee and the person who explains the options to him as soon as possible following the accident. A copy of the election form along with the Employer's First Report of Injury (Form 12-A) should be forwarded to the State Accident Fund at the earliest possible date.

If you have any questions, please contact your Human Resources Consultant at 803-737-0900.

SW/kp

Attachment